

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donna M. Paul
1003 Laddington Lane
Peachtree City, GA 30269

2. Article Number

(Transfer from service label)

7007 2680 0003 1842 3467

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chadance*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

04/14/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

2:07 MC 3320
#10 order

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes